

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	PETITION FOR ADOPTION (CONSENT)	
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3. INFORMATION REGARDING THE PETITIONER(S):

	PETITIONER	PETITIONER
Relationship to Adoptee		
Name (First, Middle, Last)		
Birth Name		
Street Address		
City, State, Zip Code		
Home Telephone Number		
Work Telephone Number		
Social Security Number		
Date of Birth		
Place of Birth		
# of Prior Marriages	<input type="checkbox"/> No <input type="checkbox"/> Yes # ___ Prior Marriages	<input type="checkbox"/> No <input type="checkbox"/> Yes # ___ Prior Marriages
# of Criminal Convictions	<input type="checkbox"/> No <input type="checkbox"/> Yes # ___ Convictions	<input type="checkbox"/> No <input type="checkbox"/> Yes # ___ Convictions
Prior Contact w/CPS	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Present Occupation		
Monthly Gross Income		
Date of Present Marriage		
# of Persons Living in Your Home		

4. INFORMATION REGARDING THE CHILD ☐ Page 2A attached if more than one child

Date of Birth	
Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Racial Extraction	
Placed by Agency	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Agency:
Living w/Petitioner(s) Since	
Name after Adoption (First, Middle, Last)	

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4. INFORMATION REGARDING THE CHILD (continued):
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Date of Birth	
Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Racial Extraction	
Placed by Agency	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Agency:
Living w/Petitioner(s) Since	
Name after Adoption (First, Middle, Last)	

INFORMATION REGARDING THE CHILD (continued):

Date of Birth	
Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Racial Extraction	
Placed by Agency	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Agency:
Living w/Petitioner(s) Since	
Name after Adoption (First, Middle, Last)	

INFORMATION REGARDING THE CHILD (continued):

Date of Birth	
Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Racial Extraction	
Placed by Agency	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Agency:
Living w/Petitioner(s) Since	
Name after Adoption (First, Middle, Last)	

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5. The Mother of the child(ren):
☐ has signed a Consent to Adoption.
☐ is deceased.
☐ is not required to sign a Consent to Adoption as this is an adult adoption.
6. In regards to the father of the child(ren):

The Natural Father of the child(ren):
☐ has signed a Consent to Adoption.
☐ is deceased.
☐ is not required to sign a Consent to Adoption as this is an adult adoption.

The Legal Only Father of the child(ren):
☐ has signed a Consent to Adoption.
☐ is deceased.
☐ is not required to sign a Consent to Adoption as this is an adult adoption.
7. ☐ The adoptee(s) in this case is/are an adult and:
☐ The Adult Adoptee has signed a Consent to Adoption.
☐ The Adult Adoptee is married and his or her spouse has signed a Consent to Adoption.
8. Adoption of the child(ren)/adult(s) by the Petitioner(s) will be for the best interests of the child(ren)/adult(s).

WHEREFORE, it is prayed that:

- (a) Upon a hearing, the child(ren)/adult(s) be decreed to be the legal child(ren) of the Petitioner(s), effective of as of the date of filing of this petition.
(b) The name(s) of the child(ren)/adult(s) be decreed as set forth in paragraph numbered 4 above.
(c) The Court decree such further relief as will serve the best interests of the child(ren).

Under penalty of perjury, each Petitioner declares that Petitioner has read this petition for adoption and knows and understands the contents hereof, and that the statements made herein are true of Petitioner's own knowledge and belief.

DATE	SIGNATURE OF PETITIONER
DATE	SIGNATURE OF PETITIONER